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PARANOIA: SYSTEMATIZED DELUSIONS AND MENTAL DEGENERATIONS.

AN HISTORICAL AND CRITICAL REVIEW,

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[*Continued from last Number.*]

SCHUELE* (1886) gives a very detailed description of systematized insanity. He distinguishes in the most formal manner *Wahnsinn* from *Verrücktheit*, as will be seen from the place he assigns this in his classification. It is, in fact, in the second class, that of psychoses based on an incomplete development or on hereditary degeneration, that he places Verrücktheit. It appears there between the hereditary neurosis and simple hereditary insanity (insanity with delusions of possession by evil spirits, *folie du doute*, and quarreling or quibbling insanity, *folie de la chicane*), and moral insanity and idiocy; this *originare Verrücktheit* is, according to this author, grafted on an abnormal hereditary constitution characterized by original psychical anomalies; that is to say, it manifests itself at an early age; it would thus be only the hypertrophy of the original character. On the other hand, it is in the first class (psychoses in the completely developed individual), but in the second group

* Schuele, *Klinische Psychiatrie—Specielle Pathologie und Therapie der Geisteskrankheiten* (Leipsic, 1886). As this passage may seem obscure, we have

(cerebro-psychoses or diseases of the *invalid* brain) that we find *Wahnsinn*. This word is only a generic term which denotes the existence of delusional conceptions more or less united, systematized and associated in groups more or less connected, and forming a more or less crystalized whole.

Schuele has divided the chapters relative to *Wahnsinn*, properly so called, as follows: this primary *Wahnsinn* may be, first, *chronic;* second, *acute;* third, *stuporous*. The author describes the typical chronic form by saying that all the chronic cases tend to systematization, properly so called; a special chapter is devoted to chronic depressive *Wahnsinn*, comprising two sub-chapters: (*a*, delusion of

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thought best to give a tabular view of his classification to facilitate comprehension.

I. PSYCHOSES GRAFTED ON THE COMPLETE ORGANS—PSYCHIC DEVELOPMENT.

A. Psycho-neuroses.

1. *Of the sound brain* (psycho-neuroses properly so called)—
   - *a.* Mania, } with their secondary states.
   - *b.* Melancholia, }

2. *Of the "invalid" brain* (cerebro-psychoses)—
   - *a.* Mania, grave (furor);
   - *b. The systematized delusion* (*Wahnsinn*):
     1. Acute,
     2. Chronic,
     3. Stuporous.
   - *c.* Acute primary dementia; hallucinatory stupor.
   - *d.* Hysterical, epileptic, and hypochondriacal insanity; the periodic insanities, circular and alternating.

B. Insanities consecutive to extra-cerebral somatic diseases (fever, puerperal state, and intoxication).

3. *States of pernicious exhaustion of the brain*—
   - *a.* Acute, dangerous (acute delirium).
   - *b.* Chronic, with destructive degeneration (progressive general paralysis).
   - *c.* The psychic cerebropathies, or psychoses consecutive to subacute or chronic organic cerebral diseases, diffused or localized.

II. PSYCHOSES GRAFTED ON AN INCOMPLETE OR CONSTITUTIONAL ORGANO-PSYCHIC DEVELOPMENT, WITH HEREDITARY OR CONSTITUTIONAL PREDISPOSITION.

- *a.* Hereditary neurosis with transitory insanities.
- *b.* Simple hereditary insanity (*folie du doute et du toucher; folie impulsive;* delusion of persecution (litigationists).
- *c.* Idiopathic systematized insanity (originäre Verrücktheit).
- *d.* Degenerative hereditary insanity (moral insanity).
- *e.* Idiocy.

persecution; *b*, expansive form). The variety of acute *Wahnsinn* comprises four sub-varieties. The first is acute sensorial *Wahnsinn* (hallucinatory).

Here is described: *a*, the hyper-acute and acute hallucinatory *Wahnsinn* with exaltation (menstrual diseases); *b*, the sub-acute maniacal delusion of grandeur; *c*, the acute and sub-acute hallucinatory delusion of persecution; *d*, the depressive and then acute expansive *Wahnsinn;* *e*, the acute and at the same time depresso-expansive *Wahnsinn;* *b*, the acute hypochondriacal *Wahnsinn;* *c*, acute or sub-acute cerebro-spinal *Wahnsinn.* The second sub-variety is the acute melancholic *Wahnsinn* (demonomania); the third sub-variety, the expansive maniacal *Wahnsinn;* the fourth, the acute stuporous or stuporo-hallucinatory *Wahnsinn.* The stuporous form of *Wahnsinn* (attonita and katatonia) comprises three sub-varieties: *a*, expansive religious insanity; *b*, depressive religious insanity; *c*, a form resting on a basis of constitutional hysteria, without prepossession from that which describes in the chapter on hysteria. Here, in fact, Schuele describes an hysterical systematized insanity (*Wahnsinn* or *Verrücktheit* indifferently), which may consist of several types: *a*, a type approaching the idiopathic hereditary systematized insanity (*originaria hereditaria Verrücktheit*); *b*, a type that is the hypochondriacal systematized insanity (*hypochondriascher Wahnsinn*); *c*, a type characterized by fantastic caprices; *d*, a type characterized by a vague delusion of persecution without great systematization, and the character of which varies; *e*, a type described as a condition of acute abortive systematized insanity (*Wahnsinn*), presenting the form of sudden irresistible thoughts; *f*, katatonic systematized insanity (*Wahnsinn*); *g*, chronic incurable hysteria with symptoms of degeneration.

III.

Such are, in a word, the ideas expressed in the principal German* works upon systematized insanity; other countries

*We desire here to thank our colleague Dr. Keraval, physician of the Colony of Vancluse, for the hearty manner in which he has assisted us; his profound knowledge of the German language has been of the greatest assistance in our bibliographical researches.

have followed the impulse. Thus in Russia we find the conception of systematized insanity in the works of Tiling (1878-1879), Kadinski (1881), and Max Buch (1881), already cited, and of Rosenbach* (1884), who is of the opinion that *paranoia* can only develop on a basis of mental debility, because the sensorial troubles can be interpreted in the sense of a delusion which arises spontaneously elsewhere, and the elements of which these sensorial troubles do not furnish. Still further, the ambitious ideas are not a logical consequence but are often contemporary to the ideas of persecution which already indicate an exaggertion of the personality.

Dr. Greidenberg† (1885), studying acute hallucinatory systematized insanity (*paranoia hallucinatoria acuta*) distinguishes two forms of this; the one hereditary, and the other, the more frequent, asthenic, producing in their train sometimes an intellectual enfeeblement, and sometimes a true dementia, or tending to recovery. In England, Bucknill and Tuke‡ (1879), reject monomania and describe *delusional insanity*, the word *delusion* of the English alienists designating the primary delusional conceptions (*les conceptions délirantes primatives*), the original lesions of ideation.

Maudsley§ (1883), when he describes the *insane temperament*, especially in its *suspicious* variety. only describes in full the character of patients suffering from *Paranoia* or certain weakened forms. In America, Spitzka‖ (1880-1883) adopts the conception of *paranoia*, which he describes, although he adopts the word monomania.¶ He admits that this form of primary delusion is the expression of a true intellectual enfeeblement; he also classifies it in the group of states of mental enfeeblement, which are almost always hereditary and constitute a sort of chain whose extremities

*Rosenbach,—*Messager russe*, 1884.

†Greidenberg.—*Messager russe*, 1885.

‡Bucknill and Tuke. *A Manual of Psychological Medicine*, 1879.

§Maudsley.—*The Pathology of Mind*, 1883.

‖Spitzka.—*A case of Original Monomania* (Medical Times and Gazette, February, 1881), and *Manual of Insanity*, New York, 1883.

¶ [In the edition of his *Manual of Insanity* in 1887, Spitzka definitely adopts the term *Paranoia*. W. N.]

are formed on the one side by idiocy and on the other by insanity with primary systematized delusions. Between these he classes imbecility, moral insanity and epileptic insanity.* In another work,† the same author has given us a classification of delusions which he divides into *systematized* and *non-systematized delusions.* The systematized delusions are of two forms : first, *the expansive systematized delusions* (megalomania), subdivided into *a*, systematized delusions of social ambition; *b*, systematized delusions of an expansive erotic character; *c*, systematized delusions of an expansive religious character. The second form is that of *systematized depressive delusions*, subdivided into, *a*, systematized delusions of depressed social ambition; *b*, systematized delusions of a depressive erotic character, usually of persecution; *c*, systematized delusions of a depressive religious character.

Regarding the *non-systematized delusions* these are incoherent delusions resulting from the destruction of the power of association, and the emotional delusions dependent on the exaltation of the mental sphere by a violent emotional trouble.

We may also mention in America the works of Beard,‡ Fenn,§ and Hammond.‖

IV.

But, after the Germans, the Italians have occupied themselves most in the study of *paranoia.* In a first memoir, Buccola¶ (1882) undertakes the study of primary systematized delusions and seems to concur with the opinion of Krafft-Ebing.

These delusions are to his mind the expression of a feeble mental state as shown by their etiology, their continuous and

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*Spitzka.—*St. Louis Clinical Record*, 1880, VII.

†Spitzka.—*Insane Delusions; Their Mechanism and their Diagnostic Bearing* (*Journal of Nervous and Mental Disease*, 1881).

‡Beard.– *Monomania and Monohypochondria* (*New York Medical Record*, March, 1882).

§Fenn.—*Original Monomania*, (*American Medical Weekly*, August, 1882).

‖Hammond.—*A Treatise on Insanity*, London, 1883.

¶Buccola.—*I deliri sistematizzati primitivi* (*Riv. Sper. di Fren.*, 1882, p. 80).

remitting course, etc. Moreover, complete physiological exercise of the mental functions cannot be judged solely by the persistence of the logic, but by the nature, the quantity and the association of the psychical energies, and the harmonious relations that should exist between the ideas, the sentiments and the acts.

In this work Buccola studies the genesis of the delusion, and remains undecided on the subject, questioning whether the hallucinations are primary and the delusional ideas only the interpretation of them or arise from unconsciousness. He studies the course of the systematization, especially in the delusion of persecution, of which he reports two cases.

Morselli and Buccola* (1883) show the special development of these delusions, their chronic course without dementia properly so called, and their limited curability. Regarding the delusion, two forms may be distinguished: first, the delusion of persecution, of a variabie nature according to the age, temperament, and education. In this form would come the quarreling insanity, a true delusion of active persecution. The second form would be the delusion of grandeur, associated at first or existing alone, most frequently with an erotic or religious coloring. The fixed ideas should be regarded only as an abortive form of these delusions, they being differentiated by the fact that the patient has a consciousness of his condition.

Regarding the clinical nature of these delusions Morselli and Buccola place them among the *degenerative psychoses*, and divide them into two classes: first, primary systematized delusions with anomalies of the development of the psychic individuality (P. originäre of Sander); second, systematized delusions showing themselves in a psychic individuality already developed. Then intervene some occasional causes (acute diseases, menopause, and traumatisms). Even in these cases, however, hereditary influence exists in the majority of cases.

The forms that Morselli and Buccola place under the head of acute primary insanity are the following:

*Morselli et Buccola.—*La pazzia sistematizzata. Giorm.* della R. Academ. di Torino, 1882, p. 210.

1st. The intellectual monomania of Esquirol.

2d. Sensorial insanity, when the hallucinations are not brought on by mania or melancholia but from delusions, from an original lesion of the perceptive centres.

3d. The so-called cases of lypomania with delusion of persecution, in which the melancholic state is secondary.

4th. The hypochondriacal insanities, in which the synesthetic hallucinations are the pivot of the delusions, and where a delusion of persecution is often concealed under hypochondriacal ideas.

5th. Certain cases of hysterical insanity that present an erotic delusion without remission (Merklin and Schaefer).

6th. Certain cases of claustrophilia or claustrophobia that have been wrongly interpreted, and concealing a delusion of persecution. A certain number of analogous forms, all characterized by the predominance of a given group of ideas and tendencies constituting the abortive forms of primary systematized insanity, while others form the group of fixed ideas where consciousness remains.

7th. The forms intermediate between sanity and insanity (the insane temperament), the graphomanias with concealed ideas of grandeur.

8th. Certain cases of *folie lucide*, or *folie raissonnante*.

9th. The eccentric and original individuals.

Amadei and Tonnini* (1883) give us a very complete description of *paranoia*, showing that the delusion is only a phase and the culminating point of the disease. The development, characteristics, course, transformations or associations, and the termination of the delusions are clearly studied. But the most original point of the memoir is the classification. The authors admit by the side of a degenerative form a psycho-neurotic form, and they bring forward the following arguments:

1st. Absence in these cases of a constitutional element from which the disease could be foreseen; no usual symptom of neuropathy.

2d. Frequent existence of occasional causes or of temporary predispositions that may explain the *paranoia*,

* Amadei and Tonnini.—*La Paranoia et le sue forme* (*Arch. ital. per le malattie nervose*, 1883–1884.

without which there would be a necessity of seeking a predisposition in the antecedents.

3d. Often these cases recover, sometimes there results a certain mental enfeeblement.

4th. In these psycho-neurotic forms there is neither more nor less heredity than in mania or melancholia.

5th. The duration of the acute forms of the disease and the beginning of the psycho-neurotic forms is in contradiction with the former mental life of the patient, while this is not so in the degenerative forms.

Here is the classification of *paranoia* that they propose:

I. DEGENERATIVE PARANOIA:
- *A. Idiopathic (originaire).*
  - *a. Simple:* delusions of persecution, ambitious, religious, and erotic.
  - *b. Hallucinatory:* delusions of persecution, ambitious, religious, erotic, and hypochondriacal.
- *B.* Late.
  - *a. Simple:* delusions of persecution and of quibbling, ambitious, religious, and erotic.
  - *b. Hallucinatory:* delusions of persecution, ambitious, religious, erotic, and hypochondriacal.

II. PSYCHONEUROTIC PARANOIA:
- *A. Primary.*
  - *A. Acute and curable.*
    - *a. Simple:* delusions of persecution, ambitious, religious, and erotic.
    - *b. Hallucinatory:* delusions of persecution, ambitious, religious, and erotic.
  - *B. Incurable,*
    - *a. Simple:* delusions of persecution, ambitious, religious, and erotic.
    - *b. Hallucinatory:* delusions of persecution, ambitious, religious, erotic, and hypochondriacal.
- *B. Secondary.*
  - *a.* Post-maniacal.
  - *b.* Post-melancholic.

As is seen by this table, degenerative *paranoia* alone would be always primary, the secondary being solely the termination of a psychoneurotic state. This secondary

form is considered by these authors, together with Krafft-Ebing, as a state of mental enfeeblement consecutive to some of the primary forms of psychoneuroses.

Regarding the degenerative defect in *paranoia* of the first category, this is never the most profound, and does not reduce the patients to the last degree of the scale of the degenerates. Schuele also, with good reason, separates these forms of degeneration, in the strict sense of the word, to make, as we shall see, the neuroses with a degenerative basis. But this is not simply a question of degree, and there should be intermediate forms between the degenerative forms of *paranoia* and certain simple delusional outbreaks observed in imbeciles, and also between certain states of mental debility and the idiopathic (*originaire*) *paranoias* where the delusion is but little accentuated.

In conclusion, Amadei and Tonnini hold that the sensorial delusion* (*Wahnsinn* of Krafft-Ebing), the true type of non-systematized delusions may pass into *paranoia* through the stage of fixed ideas, which is a rudimentary or prodromal form of *paranoia*, differing from this, however, by the consciousness of the subject.

Finally, we may distinguish (as Krafft-Ebing has done) true *paranoia* in certain more or less systematized delusions of epilepsy, hysteria, alcoholism, etc.

Raggi† (1884) considers that the rôle of the degener-

*[In explanation of this term (*délire sensoriel*), Folsom's description (Primary Delusional Insanity, in Pepper's *American System of Medicine*) may be of service: "Transformed delusions (*sensorielle Verrücktheit*) arise usually in some anomally of sensation, which probably directs the delusions already forming in a mind in the early stage of disease rather than causes the disease. The causes lie in a deep-seated exhaustion of the nervous system, especially in the neuropathic constitution and profound hysteria. Various anomalous sensations give rise to a belief in delusions as to their being caused by individuals for a purpose, or to their being an indication of all sorts of impossible and most extraordinary changes in the part: the chest is of stone, the leg of brass, the head on fire, the hand of ice, and so on indefinitely. Hallucinations and a cataleptiform state are common. The variety of delusions which may arise is almost endless, and they may have their origin in the unhealthy action of any organ in the body; one of the most troublesome forms, called ovarian insanity by Skae, causes single women of severely continent lives to imagine all sorts of impossible marital relations with men whose lives are equally beyond scandal and above suspicion."—W. N.]

† Raggi.—*Dell' elemento degeneratio nella genesi dei cosi detti deliré sistematizzati primative (Arch. ital. per le mal. nerv., 1884).*

ative element in the genesis of *paranoia* is far from being demonstrated; he denies all the distinctive characteristics drawn from the etiology, evolution, symptomatic complexus, and the course.

To his mind heredity plays no larger rôle here than elsewhere; the priority of the idea in date to the troubles of sensation is not in the least demonstrated, and, on the contrary, the slightest amount of emotional trouble in these patients suffices to change or excite their delusions. Moreover, all the authors do not agree upon the symptoms, some regarding the hallucinations as primary, others as secondary to the delusion, which is one of persecution with some and of grandeur with others. Regarding the course, do not some authors admit that the delusions have an acute course, a thing that is incompatible with an idea of degeneration?

All these arguments are very specious, and it seems to us that it is sufficient to cite them to show how few of them should be taken into consideration.

In this same year (1884), Tanzi* published an historical study on *paranoia*, a kind of introduction to a monograph on this form of insanity made in collaboration with Riva.†

To Tanzi and Riva *paranoia* is a functional psychopathy founded on a degenerative basis, characterized by a particular deviation of the highest intellectual functions, implying neither a grave decay nor a general disorder; it is almost always accompanied by hallucinations and by permanent delusions more or less systematized, but independent of all definite occasional cause or of all emotional morbid condition, which pursues a course neither uniform nor continuous, but nevertheless essentially chronic, and generally does not in itself tend to dementia.

In only fourteen cases out of a hundred, according to Tanzi and Riva, heredity was unknown but not excluded, and in eighty-six other cases the *paranoia* had a degenera-

* Tanzi.—*La Paranoia (delirio sistematizzato) e la sua evolutionei storica (Rev. sperim. di freu., 1884).*

† Tanzi et Riva.—*La Paranoia contributo alla storia delle degenerazion psichiche (Riv. sperimen. di fren., 1884, 1885, 1886).*

tive basis either from heredity (77), or from diseases of infancy implicating the development of the individual (9.5). From this it is not unfair to conclude that *paranoia* is a form of mental debility. It is, as already shown by Amadei, Tonnini and others, simply a degenerative psychosis due to an hereditary or constitutional defect, as shown by its chronic course and insidious beginning and its variable symptomalology.

The psychical constitution of paranoiacs can be put in evidence only through the systematized delusion which rises on the mental constitution and is the exaggeration of this; and meanwhile this constitution is all important, constituting sometimes in itself the whole disease (indifferent *paranoia*), and showing forth again in the prodromes and in the periods of remission.

It consists especially in anomalies of the intelligence (associations of odd ideas and absurd judgments) or of the affective sentiments (egoism, defiance, romanticism, irritability, emotionality, sexual perversions, etc.).

The psychical characteristics of this constitution develop with the years until they reach a *degenerative maturity* at the age when a sane man is at the height of his intellectual power (thirty-two years on an average). It is then that the delusion generally develops, but sometimes it is lacking (in eccentric and original individuals), or it is insufficient to disturb the psychic equilibrium; the patient has no delusion properly so called, but he reasons falsely aud is paradoxical (*folie raissonnante*,—indifferent type).

In fact *paranoia* is a morbid constitutional form, and the delusion is only a symptom. Moreover, it is not absolutely specific and it may be found in other psychopathic forms without distinct psychological characteristics, but in these cases it is independent of the psychic constitution and arises under the influence of an incidental somatic cause; circulatory (mania or melancholia), inflammatory (general parlysis), toxic (alcoholism), etc.

As regards the genesis of the delusion it develops unexpectedly without a previous emotional morbid state, and it is accompanied by hallucinations that are secondary, affecting

most frequently the sense of hearing, afterwards the general sensibility,—visual hallucinations being extremely rare. The delusion may undergo transformations, becoming either multiple or indeterminatae, or be entirely wanting.

From this point of view paranoia may be divided as follows:

1st. Paranoia with delusions of persecution..
2d. Ambitious paranoia.
3d. Religious "
4th. Erotic "
5th. Intermediate " (Quarrelling insanity; *paranoia* without delusions).
6th. Mixed "
7th. Rudimentary " (Fixed ideas).

From the point of view of the onset two kinds of *paranoia* may be distinguished (an artificial distinction it may be, the ground remaining always the same):

1st. Idiopathic* *paranoia* (*originare* type of Sander).

2d. Late *paranoia*: *a*, post puberal; *b*, of the menopause (these two varieties following the biological evolution of the individual); *c*, simple (independent of the biological evolution).

Regarding the course, which is essentially chronic, it may be divided, according to the delusional symptom, into uniform (same type of delusion) and variable, and according to the mode of succession of the symptoms into continuous, remittant, and with exacerbations. All these varieties may be combined, and we shall have these a course:

Uniform	Continuous (delusions of persecution).
	Remittant.
	With exacerbations.
And variable.	Continuous (transformations of the delusion of persecution into ambitious delusion).
	Remittant.
	With exacerbations.

The exacerbations may be brought about by psychoneurotic attacks (mania, melancholia, or stupor).

*In this translation the word *idiopathic* has been used to designate the *originare* and *originaire* of the Germans and French, thus leaving the *primary* for the corresponding *primare* and *primative*. W. N.

As regards the terminations, mental enfeeblement is little frequent, and absolute dementia is very rare. When it exists it may show itself under three aspects: first, premature senility, the expression of the rapid failure of the degenerated organism; second, dementia due to intercurrent psychoneurotic attacks (mania or melancholia); third, apparent dementia may appear in two forms: in the first the patient, seeing the uselessness of his ideas, remains calm, loses confidence, and becomes indifferent; in the second he concentrates himself more and more in his delusion, becomes exalted and extravagant, and gives himself up to disordered and incoherent actions.

Regarding the place *paranoia* occupies among the degenerations, Tanzi and Riva place it in the purely psychical forms (that is to say, without disturbances of motion or sensibility), called by Morselli *paraphrenias*, and in this sub-group may be distinguished, first, the intellectual psychical degenerations with or without delusions, that is to say, *paranoia;* and second, the affective psychical degenertions (moral insanity, congenital delinquency, and sexual perversions).

Furthermore, and notwithstanding the opinion of Bonvecchiato,* who finds this classification too systematized, Tanzi and Riva willingly admit mixed forms, both intellectual and affective, all resting on the same degenerative basis.

During the course of the publication of this long memoir, other works on this same subject have appeared in Italy.

Salemi-Paci (1885) distinguishes two kinds of *paranoia:* one, *simple paranoia*, independent of all degenerative element; the other, *degenerative paranoia;* he describes also a form of *consecutive* or *secondary paranoia*, but he does not see the necessity of making a particular form of it, as do the other two authors.†

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* Bonvecchiato.—*La pazzia sistematizzata primitiva.* Venice, 1875.

† Salemi Pace.—*La classificazione dela frenopathie. Il Pisani, 1885.*

This distinction, which is apparently very simple at first sight, is much less

One may well have doubts of the existence of *simple paranoia* when he sees an author place it by the side of moral, impulsive and sensorial insanity, and emotional delusions.

Angelo-Zuccarelli* (1885) reports an observation on primary *paranoia* with delusions of persecutions of a chronic form, that he held to be of a non-degenerative nature.

Guiccardi† (1886) agrees with the ideas of Tanzi and Riva regarding the interpretation of the psychical phenomena that characterize the paranoiac personality.

B. Battaglia‡ (1886) cites a case of *paranoia* with ambitious delusions, that is at least open to criticism. We shall content ourselves with remarking that the author pretends not to have found hereditary antecedents, nor signs of

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so when the following *résumé* of his classification is considered:

GROUP I. *Cerebro-neuroses.*	Nervous insanity. Hypochondria.			
GROUP II. *Dynamic cerebro-insanities.*	General delusions.	Simple insanities.	Melancholia. Mania. Circular insanity.	
		Diathetic insanities.	Specific.	Pellagous insanity. Puerperal " Syphilitic " Alcoholic " Rheumatic "
			Neurotic.	Epileptic " Choreic " Hysterical " Erotic "
	Partial delusions.	Impulsive instinctive insanities.	Kleptomania, pyromania, agoraphobia, dipsomania, suicidal and homicidal insanity, etc.	
		Sensorial insanity.		
		Moral insanity.	Metaphysical insanity, insanity of doubt, delusions, of touch, *simple paranoia.*	
		Intellectual insanity		
GROUP III. *States of cerebral defect.*	Imbecility, idiocy, cretinism.			
GROUP IV.	*Paranoia—degenerative, consecutive, or secondary.* Primary dementia. Consecutive or secondary dementia. Senile dementia. Paralytic dementia.			

* Angelo-Zuccharelli.—*Contribution a l'etude medico-légote de la Paranoia (Il manicomio, 1885).*

† Guiccardi.—*Psychologia e psychatria (Riv. sper. di fren., 1886, p. 531).*

‡ Bruno-Battaglia. — *Contribuzione alla casistica della Paranoia.* (*La psychiatre,* 1886, fasc. 3 and 4, p. 354.

degeneration. Nevertheless, he tells us that his patient had a feeble mind, was ill-balanced, loved the marvellous, was unstable, and was disgusted with life without good reasons; he lacked, he says, the faculty of adaptation to his social circle, and the spirit of rational criticism. Now, are there not here sufficient signs of a state of mental degeneration?

Morselli* (1886) reports a case of rudimentary impulsive *paranoia*. We have already seen that Arndt was the first to describe this form of *paranoia*.

This rudimentary *paranoia* (or rather the fixed ideas) has been divided by Tamburini† into three classes: first, the *simple fixed ideas* (ex: pure *folie du doute*), without a tendency to transform themselves into acts; second, the *emotional ideas* with simultaneous actions (ex: *folie du doute avec delire du toucher*); that is to say, with a tendency to the exteriorization of their motor content; third, the *impulsive ideas*. Morselli admits only two classes, uniting into one the last two of Tamburini, because in these cases there always exists, according to him, the tendency of an ideational representation to transform itself into an act. Regarding the ground on which these ideas develop, there is likewise much contest.

Krafft-Ebing,‡ Cantarano§ and Andriani‖ regard these forms as being always manifestations of degeneration. Others, with Berger,¶ Kroepelin,** Tamburini, Amandei and Tonnini, and Tanzi and Riva, admit that they may develop on a neurasthenic constitution, but are not always hereditary. Morselli inclines to this latter opinion and classes them in the *Paraphrenias* of the second group. The ideas

* Morselli.—*Paranoia rudimentale impulsiva* (*Riv. sper. di fren.*, 1886, f. 4, p. 495.

† Tamburini.—*Sulla pazzia del dobbio* (*Riv. sper. di fren., 1883*).

‡ Krafft-Ebing. *Lehrbuch der Psych*, 1879.

§ Cantarano. *Contributo allo studio delle psicosi degenerative.* (*La psychiatria*, 1884)

‖ Andriani. *Contributo alla conoscenza delle psicoside generative* (*idee fisse*) *La pschiatria*, 1885.

¶ Berger. *Grubelsacht ein psychopathische symptom.—Grubelsacht und Zwangvorsellungen* (*Arch. f. Psych.*, Bd. vi. and viii.).

** Kroepelin. *Comp. der Psych.* Leipsic, 1883.

of this author will be made clearer by an explanation of the place that the different forms of *paranoia* occupy in his classification of mental disease. Properly speaking, Morselli admits only two typical forms of *paranoia*; first, *idiopathic* (*originaire*) *degenerative paranoia* with its three varities of persecution, grandeur, and the erotic form (erotomania); second, *rudimentary paranoia* with its two varieties, ideational and impulsive. Both are classed among the *paraphrenias* (anomalies of cerebral evolution with abnormal formation or perversion of the personality). But although idiopathic (*originaire*) degenerative *paranoia* is a part of the sub-group of Paraphrenias formed by the *psychical degenerations* (paraphrenias depending on a psychopathic constitution most frequently of hereditary origin), rudimentary *paranoia* is classed under a second sub-group, that of *constitutional psychopathies* (Paraphrenias depending on a psychopathic constitution most frequently congenital).

Regarding the forms of acute *paranoia* and secondary *paranoia*, admitted by some authors, these are completely separated from the preceding and classed among the *psychoneuroses*, a sub-group of phrenopathies (diseases of the completely developed brain with morbid changes and alteration of the personality). The one, *paranoia*, called acute or hallucinatory or curable, is described under the name of *acute sensorial insanity* and placed by the side of maniacal or melancholic states. The other, *secondary systematized* insanity* (so called secondary *paranoia*), with its two forms of persecution and grandeur, is not considered, with dementia, as a terminal condition,—a conditional of intellectual enfeeblement. (Synonym, incomplete dementia.)

*It should be noted that Morselli designates these forms under the names of of acute sensorial insanity (*Frenosi sensoria acuta*) and secondary systematized insanity (*Pazzia sistematizzata secondaria*). reserving for the idiopathic (*originaire*) and rudimentary forms the term *paranoia*, which seems thus ssociated in the author's mind with the idea of a neuropathic constitution, which may be congenital or hereditary.

[*To be Continued.*]